

Case Number:	CM14-0000062		
Date Assigned:	01/10/2014	Date of Injury:	02/10/2012
Decision Date:	06/12/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine Pulmonary Diseases, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34-year-old male who reported an injury on 02/10/2012. The mechanism of injury was not specifically stated. Current diagnoses include neck sprain and lumbar sprain. The injured worker was evaluated on 10/31/2013. The injured worker reported difficulty sleeping with nightmares. Previous conservative treatment includes physical therapy and aquatic therapy. Physical examination was not provided. Treatment recommendations at that time included a prescription for Klonopin 0.5 mg and aquatic/physical therapy twice per week for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHARMACY PURCHASE OF CLONAZEPAM .5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit the use to 4 weeks. A more appropriate treatment for anxiety disorder is an

antidepressant. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. Additionally, there is no frequency listed in the current request. As such, the request is not medically necessary.